

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Ten (10) additional work hardening sessions over 2 weeks for the left hand

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified, Physical Medicine & Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines

Adverse Determination Letters, Liberty Mutual, 1/6/10, 2/3/10
1/29/10

PAIN & RECOVERY CLINIC 2/26/10, 1/27/10, 12/31/09

FUNCTIONAL TESTING 12/31/09, 10/27/09

MES SOLUTIONS 1/29/10, 1/4/10

4/10/09, 4/16/09, 5/18/09, 5/7/09

4/16/09, 4/10/09, 3/27/09

SPINE AND REHAB 8/4/09, 9/10/09

HOSPITAL FOR SPECIALIZED SURGERY 6/9/09

MRIOA 9/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female injured x/x/xx when her hand got caught in an industrial machine. On 4/10/09, she had left thumb amputation and replantation, and left index finger amputation. In June 2009, she had a second surgery for hardware removal. She had approximately 24 physical therapy visits and psychological treatment. She completed 20 sessions of a work hardening program and made improvement from Light-Medium PDL to Medium PDL. Dr. is now requesting an additional 10 sessions. The initial request for continuation of this program, as signed by, D.C. noted marginal improvement after the first assessment period. The patient needs to be at Heavy PDL, although there is no information in the records documenting if the patient has a job to return to.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The ODG criteria for work hardening includes "(5) A defined return to work goal agreed to by the employer & employee (a) A documented specific job to return to with job demands that exceed abilities, Or (b) Documented on-the-job training." This documentation has not been

provided. In addition, the guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. This patient has already had twenty (20) sessions of work hardening over 4 weeks, and therefore this request exceeds the number of sessions recommended by the guidelines. The request for 10 additional sessions does not satisfy the ODG and there is insufficient clinical data presented to overturn the determinations made by the insurance company. The reviewer finds that medical necessity does not exist for ten (10) additional work hardening sessions over 2 weeks for the left hand.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)